



APPLICATION FOR EXAMINATION TO BE ELIGIBLE FOR LICENSURE AS A
HEARING AID SPECIALIST IN THE STATE OF SOUTH CAROLINA
Division of Health Licensing

DATE _____

Print clearly or type:

1. Name _____ Date of Birth _____
First Middle Initial Last
2. Residence Address _____
Street City State ZIP
3. Residence Area Code and Telephone Number. _____
4. PRIMARY BUSINESS LOCATION:
 - a. Name of Business _____
 - b. Street _____ City _____ State _____ ZIP _____
 - c. Area Code and Telephone Number _____
 - d. _____
Mailing Address (if different from above)
5. Do you have a S.C. temporary permit? Yes _____ No _____ If yes, permit no. _____
Full name of hearing aid specialist who is your current supervisor:

First Middle Initial Last
6. Have you ever been convicted of any criminal offense other than minor traffic violations?
Yes _____ No _____ If yes, attach a separate statement providing details to include date of conviction, type of offense and name and location of court.
7. Have you ever had a license to dispense, fit, or sell hearing aids denied, suspended, or revoked in this or any other state?
Yes _____ No _____ If yes, attach a separate statement providing details, dates, and places.
8. Enclose proof of high school graduation or high school equivalency certificate unless previously submitted to the Division of Health Licensing.
9. I do hereby swear or affirm that all statements made and information contained herein are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to an investigation of the aforesaid information for the purpose of verifying my qualifications for a license to fit and sell hearing aids in the State of South Carolina.

Signature

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____
(Month) (Year)

Notary Public My Commission Expires _____

Instructions for Completing DHEC Form 0220
Application For Examination To Be Eligible For Licensure
As A Hearing Aid Specialist In The State Of South Carolina
Division of Health Licensing

PURPOSE: In accordance with the South Carolina Department of Health and Environmental Control Regulation 61-3, The Practice of Selling and Fitting Hearing Aids, Section 202, an application for examination shall be kept on file by the Department.

INSTRUCTIONS:

Line 1 - 9 Self-explanatory. Complete as indicated.

OFFICE MECHANICS AND FILING: The original shall be placed in the master file of the activity in the Health Licensing Section and maintained there in accordance with the most restrictive retention scheduled assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-F&S-17, which requires documents to be kept for six years within Health Licensing. Records are then shipped to the Consolidated Storage Center for retention of not less than 24 years before destroying.